

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4031

State File No. ....

0123  
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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 2007 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Poplar Bluff Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural St. Francis Township</b>	
c. LENGTH OF STAY in this place <b>5 hours</b>		d. STREET ADDRESS (If rural, give location) <b>Williamsville Route #2</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Poplar Bluff Hosp.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Richard</b> b. (Middle) <b>B.</b> c. (Last) <b>Spain</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 18. 1950</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 13, 1869</b>
9. AGE (In years last birthday) <b>80</b>		10. MONTHS <b>9</b>	11. DAYS <b>5</b>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Carbondale Ill.</b>
12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <b>Newton Spain</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Lula May Spain</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mr Carl Spain</b>		ADDRESS <b>St. Louis Mo.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>3rd Degree Burns</b>  ANTECEDENT CAUSES DUE TO (b) <b>Building fire with coaloil and</b> DUE TO (c) <b>Stove exploded destroying home</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>New Wappapello Butler Mo.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Feb. 18, 50, 5 PM</b>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>Building Fire With Coaloil</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Wm. H. Johnson Coroner</b>		23b. ADDRESS <b>Poplar Bluff Mo.</b>	
23c. DATE SIGNED <b>2-22, 50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>2-23, 1950</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Hickory Ridge</b>		24d. LOCATION (City, town, or county) (State) <b>Delta Cape Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Feb 24-1950</b>		REGISTRAR'S SIGNATURE <b>Wm. H. Johnson</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Frank- Cotrell Chapel</b>		ADDRESS <b>Poplar Bluff</b>	

(Licensed Embalmer's Statement on Reverse Side)

no

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BUTLER COUNTY HEALTH CENTER  
POPLAR BLUFF, MISSOURI

250-99

FEB 28 REC'D

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*George A. Kerby*

Licensed Embalmer No. *4752*

P. O. Address

*Poplar Bluff, Mo.*

Note:.. The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.